

**MEDICARE RESIDENT, PRACTICING  
PHYSICIAN, AND OTHER HEALTH CARE  
PROFESSIONAL TRAINING PROGRAM**

**(Insert Name of Organization)**

**(Insert Date of Course)**

---

**PRE-ASSESSMENT  
CHAPTER 6**

**Directions**

- Complete the Pre-Assessment when directed by the course facilitator.
- Mark your answers on the attached answer sheet.
- Please hand in your completed answer sheet prior to exiting today's session.

**1.** Local Coverage Determinations are made in the absence of a specific National Coverage Determination to provide guidance within a specified geographic area.

- A. True
- B. False

**2.** Abuse involves a person or entity's intentional use of false statements or fraudulent schemes to obtain payment for, or to cause another to obtain payment for, items or services payable under a Federal health care program.

- A. True
- B. False

**3.** Fraud, which may be intentional or unintentional, directly or indirectly results in unnecessary or increased costs to the Medicare Program.

- A. True
- B. False

**MEDICARE RESIDENT, PRACTICING  
PHYSICIAN, AND OTHER HEALTH CARE  
PROFESSIONAL TRAINING PROGRAM**

**(Insert Name of Organization)**

**(Insert Date of Course)**

---

**PRE-ASSESSMENT ANSWER SHEET  
CHAPTER 6**

	<b>A</b>	<b>B</b>
<b>1.</b>	<b>0</b>	<b>0</b>
<b>2.</b>	<b>0</b>	<b>0</b>
<b>3.</b>	<b>0</b>	<b>0</b>

**FACILITATORS:**

Please make copies of completed Pre- and Post-Assessment answer sheets for your locked, confidential file and mail original answer sheets to:

**A. Palmer  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C4-11-27  
Baltimore, MD 21244**

**MEDICARE RESIDENT, PRACTICING  
PHYSICIAN, AND OTHER HEALTH CARE  
PROFESSIONAL TRAINING PROGRAM**

**(Insert Name of Organization)**

**(Insert Date of Course)**

---

**POST-ASSESSMENT  
CHAPTER 6**

**Directions**

- Complete the Post-Assessment when directed by the course facilitator.
- Mark your answers on the attached answer sheet.
- Please hand in your completed answer sheet prior to exiting today's session.

**1.** Local Coverage Determinations are made in the absence of a specific National Coverage Determination to provide guidance within a specified geographic area.

- A. True
- B. False

**2.** Abuse involves a person or entity's intentional use of false statements or fraudulent schemes to obtain payment for, or to cause another to obtain payment for, items or services payable under a Federal health care program.

- A. True
- B. False

**3.** Fraud, which may be intentional or unintentional, directly or indirectly results in unnecessary or increased costs to the Medicare Program.

- A. True
- B. False

**MEDICARE RESIDENT, PRACTICING  
PHYSICIAN, AND OTHER HEALTH CARE  
PROFESSIONAL TRAINING PROGRAM**

**(Insert Name of Organization)**

**(Insert Date of Course)**

---

**POST-ASSESSMENT ANSWER SHEET  
CHAPTER 6**

	<b>A</b>	<b>B</b>
<b>1.</b>	<b>0</b>	<b>0</b>
<b>2.</b>	<b>0</b>	<b>0</b>
<b>3.</b>	<b>0</b>	<b>0</b>

**FACILITATORS:**

**Please make copies of completed Pre- and Post-Assessment answer sheets for your locked, confidential file and mail original answer sheets to:**

**A. Palmer  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C4-11-27  
Baltimore, MD 21244**